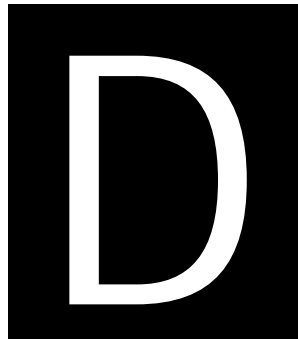



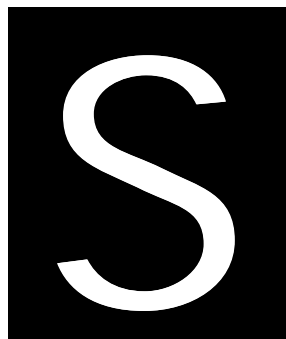
ECONOMIC



DEVELOPMENT &



SUPPORTIVE



SERVICES

FY 1997 Application Kit

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Office of Community Relations and Involvement  
451 Seventh Street, S.W.  
Washington, D.C. 20410  
June 1997

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# INTRODUCTION

## **PROGRAM BACKGROUND**

Funding for the Economic Development and Supportive Services (EDSS) program is authorized under the Community Planning and Development section of the Fiscal Year 1997 congressional appropriation entitled "An Act Making Appropriations for the Departments of Veteran Affairs and Housing and Urban Development, and for sundry independent agencies; boards, commissions, corporations, and offices for the fiscal year ending September 30, 1997, and for other purposes, (Pub.L. 104-204, approved September 26, 1996) - (hereafter the 1997 HUD Appropriation)." The purpose of the EDSS program is to provide grants to Housing Authorities (HAs) to enable them to establish and implement programs that increase resident self-sufficiency, and support continued independent living for elderly and disabled residents.

HUD's implementation of 1997 congressional EDSS appropriation began with the FY 1997 Notice of Funding Availability (NOFA) which announced that \$42.25 million will be made available under the program. The Department is setting aside 10% of this amount to fund applications from Indian Housing Authorities (IHAs) with the remainder (90%) available to fund applications from Public Housing Authorities (PHAs). Both the amount for IHAs and the amount for PHAs will be allocated as follows: 80% will be allocated to Family Economic Development and Supportive Services category grants; and the remaining 20% will be allocated to Elderly and Disabled Supportive Services category grants.

The NOFA was combined with the announcement for the Tenant Opportunity Program (TOP) although application processes remain separate. Combining the announcements for the two programs highlights HUD's parallel restructuring of the two programs. HUD views these two programs to be complementary to one another and envisions them working closely together in the future. The restructuring represents a major HUD initiative to improve the targeting and management of limited resources for public and Indian housing self-sufficiency. The goal is to most effectively focus these resources on "welfare-to-work" for non-elderly families and on independent living for elderly and persons with disabilities.

In the body of the NOFA is information concerning the NOFA's purpose, applicant eligibility, selection criteria, and application processing, including how to apply, how selections will be made, and how applicants will be notified of results. The NOFA indicated that an application kit would follow with detailed instructions on how to complete an application.

This application kit must be used to apply for a grant under the Public and Indian Housing EDSS grant program in order for HUD to review and evaluate the applicants eligibility, proposed grant activities, costs and administrative capacity for successful grant implementation.

## **ORGANIZATION OF APPLICATION KIT**

The Application Kit includes general instructions for preparation of an application and blank forms and worksheets in two basic parts:

**Part I. Basic Program Requirements** - This part provides information on how to develop your application. For additional information, please contact the local HUD Public Housing Division or the Native American Programs Office (see Appendix B of the attached NOFA for a complete listing).

**Part II. Completing Your Application** - Cover sheets, instructions for narratives, charts, and other submission materials are provided for use in preparing your application. Each cover sheet has instructions for the information to be provided. Use each cover sheet as part of the first page for each tabbed section of your application. Use additional sheets as needed when developing sections of your application. As a convenience to applicants, the NOFA is included at the end of this application kit.

## **APPLICATION SUBMISSION**

An **original and three copies** of your application must be submitted to the appropriate local HUD Public Housing Division/Office of Native American Programs Office on or before 3:00 p.m., local time, **August 18, 1997**. If the application is not physically received by the deadline, it will not be evaluated. Facsimile and telegraphic applications are not authorized and shall not be considered.

All PHA applicants must also send a copy of the Fact Sheet (enclosed in Tab 1 of this application kit) to the attention of: Maria Queen, U.S. Department of Housing and Urban Development, Office of Community Relations and Involvement, Room 4106, 451 Seventh Street, S.W., Washington, D.C. 20410. All IHA applicants must send a copy of the Fact Sheet to the attention of: Tracy Outlaw, U.S. Department of Housing and Urban Development, National Office of Native American Programs, 1999 Broadway, Suite 3390, Denver, CO 80202.

## **SUPPLEMENTARY INFORMATION**

The Information collection requirements for the EDSS Program NOFA were submitted to the Office of Management and Budget (OMB) for review and assigned OMB control Number **2577-0211**. Information is requested in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and to establish grant amounts. Selection of applications for funding under the EDSS Program are based on rating factors listed in the attached NOFA. The information collected in the application form will only be

collected for specific funding competitions.

Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: 350 respondents, on occasions, 42 average hours per response, 14,212 hours for a total reporting burden.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Reports Management Officer, Paperwork Reduction Project **(2577-0211)**, Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, EDSS application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C 1001, 1010,1012; 31 U.S.C. 3729, 3802).

## **INFORMATION CONTACTS**

If you have questions about this application kit or the program in general, please contact the nearest HUD Public Housing Field Office/Area Office of Native American Programs.

## **GENERAL TIPS FOR GRANT APPLICATION PREPARATION**

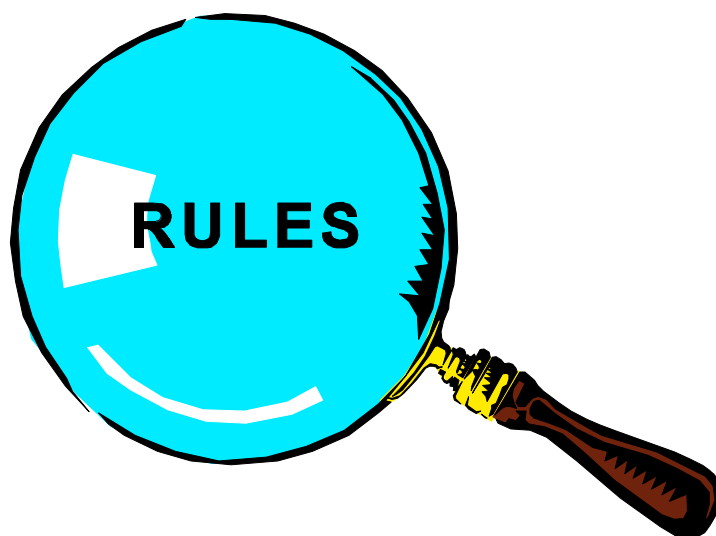
- ✓ Follow the required Application Checklist for organizing your application (follow Tabs, include all required information and forms, number each page).
- ✓ Prepare a concise application using simple language to address each TAB as outlined in Part II. Although HUD staff will review your application, imagine that someone from another agency, with no housing, economic development or supportive services program knowledge, will be reading the application.
- ✓ Follow instructions for completing Form 424.
- ✓ Make sure the preparation of the application is a collaborative effort between you and the targeted resident community. Input from the resident community is critical and must be included in the process.
- ✓ Make sure to arrange with your partner agency(ies) to have the MOA/MOU and other letters of support signed in ample time to meet the application deadline. Letters in support of an application received after the deadline date will not be

accepted.

- ✓ Have more than one person read over your application to check that all required information and forms are included in the application (and copies) being submitted. Double check that every applicable TAB is addressed.

# PART I

## BASIC PROGRAM REQUIREMENTS





**THRESHOLD REQUIREMENTS***(see NOFA, VI, (g), Program Requirements)*

Each applicant **MUST** meet the following threshold requirements in order for the application to be complete and acceptable for rating and ranking:

1. Submit a Needs Assessment Report that contains sections with statistical or survey information on the needs of the recipient population that addresses the relative needs of different projects to be served and an identification of resources to meet the need.
2. Submit a Grant Implementation Plan that reduces the level of needs identified in the Needs Assessment Report. The plan must, at minimum, list specific measurable objectives to be achieved as a result of grant activities, and list major intermediate objectives necessary to accomplish goals. In addition, a detailed budget, activities and timetable, and commitment of partners must be included.
3. For Family Economic Development and Supportive Service applications, provide evidence that the proposed grant implementation plan is consistent with the State Welfare Plan.
4. Focus on Residents Affected by Welfare Reform. The application must contain written evidence from the HA that at least 75% of residents to be included in the proposed program are affected by the welfare reform legislation.
5. Provide evidence that the proposed activity will be administered at community facilities in or within easy accessibility of the specific public or Indian housing development(s). These facilities and programs must be accessible to persons with disabilities.
6. Provide evidence of firm commitments from non-grant resources and services to support the grant. Commitments must be equal to the amount of grant funds requested.
7. Be in compliance with all the requirements of any HUD grant programs designed to assist resident self-sufficiency in which it is currently participating.
8. Provide certification that the applicant program will include access to on-line computer/Internet capability as a means of communicating with HUD on grant matters.
9. Not have any unresolved Inspector General audit findings, fair housing and equal opportunity monitoring review findings, or Field Office management review findings relating to discriminatory housing practices and must be in compliance with civil rights laws and equal opportunity requirements.

10. Have a PHMAP score not less than a "C" for either Indicator #6, component (1), Financial Management/Cash Reserves or Indicator #7, Resident Initiative Services and Community Building. If an applicant's most recent PHMAP score is derived from the predecessor PHMAP regulation (24 CFR Part 901, published December 30, 1996), the applicant cannot have a PHMAP score less than a "C" for either Indicator #9, Operating Reserves or Indicator 11, Resident Initiatives. IHAs should refer to section 950.135.

## **SELECTION FACTORS**

*(See NOFA, VI, (h), Selection Factors)*

In order to be considered for funding under this program, a Family Economic Development and Supportive Services application must receive a score of at least 75 points out of the maximum of 100 points. An Elderly and Disabled application must receive a score of 60 points out of the maximum of 85 points. HUD will review and evaluate the application according to the category in which the applicant is applying for. All applications will be placed in an overall nationwide ranking order and funded until all funds are exhausted. In the event that two or more eligible applications receive the same score, and both cannot be funded because of insufficient funds, the application with the highest score in Selection Factor 3 will be selected. If Selection Factor 3 is scored identically for both applications, the scores in Selection factors 1 and 2 will be compared in this order, one at a time, until one application scores higher in one of the factors and is selected. If the applications score identically in all factors, the application that requests less funding will be selected.

### **The application will be rated and scored on the following three ranking factors:**

1. Quality of Planning for Self-Sufficiency and Independence (for Family Economic Development and Supportive Services category applications) and Independence for Elderly and Persons with Disabilities (for Elderly and Disabled Supportive Services Category applications).  
**(Maximum points: 40)**
2. Applicant Capability/Organizational Structure for Administering Grant Activities  
**(Maximum points: 30)**
3. Resident and Other Partnerships  
**(Maximum points: 30)**
4. Bonus Points: Selection as a Job Plus Demonstration Site. The applicant will receive 10 bonus points if it has been selected as a participant in the Department's Jobs Plus demonstration program.  
**(Maximum points: 10)**

**GRANT AMOUNT**

(NOFA, VI (d), Maximum Grant Amount)

The **maximum grant awards are limited as follows:**

- ☐ For Family Economic Development and Supportive Services category - no more than \$250 per unit up to the below listed maximums:

- (1) For HAs with 1 to 780 units, the maximum grant award is **\$150,000.**
- (2) For HAs with 781 to 7,300 units, the maximum grant award is **\$500,000.**
- (3) For HAs with 7,301 or more units, the maximum grant award is **\$1,000,000.**

- ☐ For Elderly or Disabled Supportive Services category - no more than \$100 per unit up to the below listed maximums:

- (1) For HAs with 1 to 217 units occupied by Elderly residents or persons with disabilities, the maximum grant award is **\$100,000.**
- (2) For HAs with 218 to 1,155 units occupied by Elderly residents or persons with disabilities, the maximum grant award is **\$200,000.**
- (3) For HAs with 1,156 or more units occupied by Elderly residents or persons with disabilities, the maximum grant award is **\$300,000.**

A HA may submit one application under the Family Economic Development and Supportive Services grant category and/or one application under the Elderly and Disabled Supportive Services grant category. **The maximum number of applications that a HA may submit is two.** *If an applicant is applying for both funding categories, then it must submit two separate applications in which the total amount requested must not exceed the maximum grant amount available for its size under the Family Economic Development and Supportive Services category.*

**ELIGIBLE APPLICANTS***(See NOFA , VI, (b), Eligible Applicants)*

Funding for this program is limited to Public and Indian Housing Authorities that have not received a previous ED/SS grant, and that evidence a firm local level partnership for the purpose of providing economic development and/or supportive services activities that assist eligible participants under this program to become self-sufficient and to live independently.

**ELIGIBLE PARTICIPANTS***(See NOFA , VI, (c), Eligible Participants)*

Residents of conventional public or Indian housing including persons with disabilities are eligible to participate. A grantee may designate that up to twenty five percent (25%) of the total number of persons eligible to participate in and/or receive the benefits of a Family ED/SS category grant may be recipients of assistance under the Section 8 Program rather than residents of conventional public housing.

**ELIGIBLE ACTIVITIES***(See NOFA, VI, (e), Eligible Activities)*

Program funds may be used for the provision of economic development activities and supportive services that are appropriate to assist eligible residents to become economically self-sufficient, to live independently and to prevent premature or unnecessary institutionalization.

**Economic development activities** means new or expanded activities essential to facilitate economic uplift and provide access to the skills and resources needed for self-development and business development. For purposes of this program, economic development activities may include, but are not limited to:

- Entrepreneurship Training \*
- Entrepreneurship Development \*
- Micro/Loan Fund
- Credit Union Development
- Employment Training and Counseling \*
- Employer Linkage and Job Placement \*

**Supportive services activities (for non-elderly families)** means expanded services to assist eligible residents to become economically self-sufficient, particularly families with children where the head of household would benefit from the receipt of supportive services and is working, seeking work, or is preparing for work by participating in job-training or educational programs. For purposes of this program, supportive services may include, but are not limited to:

- Childcare
- Computer Skills Training

- Homeownership Training and Counseling
- Education
- Youth Mentoring
- Transportation
- Personal Welfare Self-improvement (such as drug/family counseling)
- Supportive Health Care Services
- The employment of case managers
- The employment of service coordinators
- Other services/resources

**Supportive services for the elderly and persons with disabilities** means new or significantly expanded services determined to be minimally necessary and essential to enable eligible residents to live independently and to prevent premature or unnecessary institutionalization. For purposes of this program, supportive services may include:

- Meals
- Ambulatory/Self-care
- Housekeeping Aid
- Transportation Services
- Wellness programs, preventive health education, referral to community resources
- Adult Day Care (Non-medical)
- Personal Emergency Response Systems
- Congregate Services
- The Employment of service coordinators
- Other services/resources

\*Includes, but is not limited, to Section 3 related training, hiring, and contracting by the HA.

## **ELIGIBLE COSTS**

Activities that may be funded and carried out by an HA include, but are not limited to the following:

- ✓ Supportive services. Costs that include the appropriate services; Technical Assistance (T/A) Contractor fees.
- ✓ Economic development activities. Costs that include appropriate program activities; Micro-loan fund; Technical Assistance (T/A) Contractor fees; Developmental costs for establishing credit unions (to include consulting and training costs by other financial institutions, banks, credit unions).
- ✓ Administrative costs. No more than 15 percent (15%) of the total grant may be used for administrative costs. Costs that include liability insurance costs directly related to training, utility costs (telephone, fax, light, gas), postage, printing, copier, accounting,

initial equipment purchase (i.e., desks, chairs, computer equipment, tools, etc.)

- ✓ For Family Economic Development applications, Service Coordinator(s)/Case Manager(s) salary. For Elderly and Disabled applications only Service Coordinators.
- ✓ Other program costs. Costs that include advertisement, vehicle lease (to transport participants to appropriate services/training).
- ✓ Stipends. No more than \$200 per participant per month of the grant award may be used for stipends for active trainees and TOP program participants to cover the reasonable costs related to participation in training and other activities in the TOP program.

**Note:** The above eligible activities mirror the budget line items listed on the LOCCS Payment Voucher (HUD Form 50080).

## **INELIGIBLE COSTS**

Ineligible costs include the following:

- ✗ Payment of wages and/or salaries to participants of receiving supportive services and/or training programs, except that grant funds may be used to hire a resident(s) to coordinate/provide services (i.e., Service Coordinators, Counselors, etc.) and or to coordinate/provide training program activities.
- ✗ Purchase or rental of land or buildings or any improvements to land or buildings.
- ✗ Building materials and construction costs.

## **ASSEMBLING YOUR APPLICATION**

This application kit provides the basic tools needed for preparing a complete grant application. Please use the sheets in Part Two as cover sheets for each of the required tabbed sections.

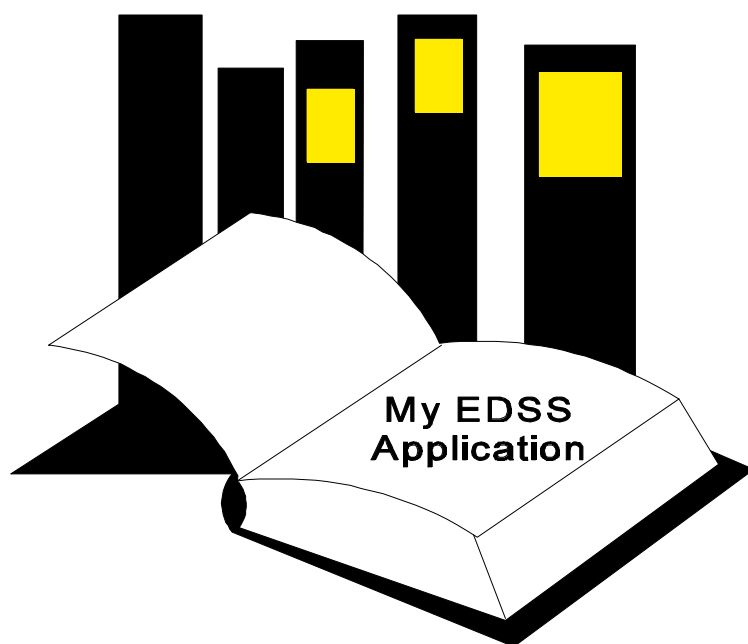
## **GRANT TERM**

The grant term will be for 36 months. Specifically, an applicant will have 6 months to start-up/implement the program (progress must be evident and documented within these first 6 months of grant award); 24 months to operate the program; and 6 months to bring grant/project to complete close-out. Grant terms may not be extended without substantial good cause and subject to HUD approval.

**COMPLETING YOUR**

# **PART II**

**APPLICATION**



# **PUBLIC AND INDIAN HOUSING ECONOMIC DEVELOPMENT AND SUPPORTIVE SERVICES PROGRAM**

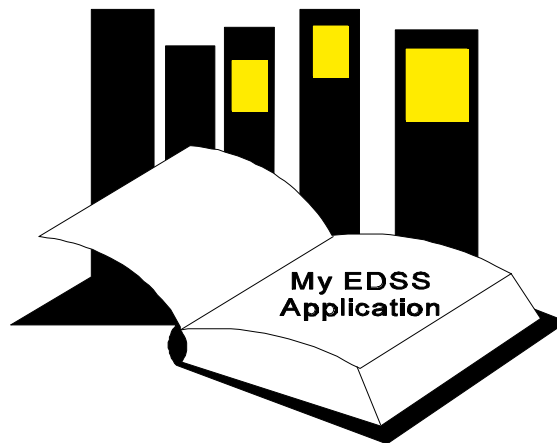
## ***APPLICATION FOR FY 1997 FUNDING***

**Submitted By:** \_\_\_\_\_  
(PHA/IHA Name)

**Contact Person** \_\_\_\_\_

**Telephone: (    )** \_\_\_\_\_

**Delivered To:** \_\_\_\_\_  
HUD Office



***PLEASE USE  
THIS PAGE AS  
COVER PAGE***



## TABLE OF CONTENTS/CHECK LIST

**TAB 1**

Application Checklist/Table of Contents (Use the first page of this form)  
SF-424/Instructions  
Fact Sheet (including Program Summary)

**TAB 2**

Needs Assessment

**TAB 3**

Grant Implementation Plan

**TAB 4**

Budget Appropriateness/Efficient use of grant

**TAB 5**

Applicant/Administrator Track Record

**TAB 6**

Certifications and Assurances

\_\_\_ Automated capability

\_\_\_ PHMAP Score

\_\_\_ Assurances for Non-construction Programs (SF-424B)

\_\_\_ Drug-Free Workplace

\_\_\_ Applicant/Recipient Disclosure Update Report

\_\_\_ Disclosure of Lobbying Activities

\_\_\_ Applicant's Certification Regarding Lobbying

**TAB 7**

\_\_\_ Memorandum of Understanding and other Commitment Documents

List below:

Exhibit 1:

Exhibit 2:

Exhibit 3:

Exhibit 4:

**TAB 8**

Threshold Criteria/Check List (items considered essential for an application to be complete and acceptable for rating and ranking); Selection Factors Check List (items considered for actual rating and ranking)

**TAB 9**

Charts:

- a) Activity Plan Summary (TAB 3, Chart III-A)
- b) Activity Breakout (TAB 3, Chart III-B)
- c) Budget Breakout (TAB 3, Chart III-C)
- d) Program Resources (TAB 3, Chart IV)
- e) Program Staffing (TAB 3, Chart V)
- f) Applicant/Administrator Track Record (TAB 5 Chart)

**Attachment -** Notice of Funding Availability

SUBSTITUTE 424 FORM FOR THIS PAGE

**INSTRUCTIONS FOR STANDARD FORM SF-424**

ITEM 1: Housing Authority applicants should mark the box in Item 1 for "Application: Non-Construction."

ITEM 2: The date you submitted the application, generally one or two days before the deadline.

ITEMS 3 and 4: Do not complete these, as well as the identifiers that are requested (they are for HUD use).

ITEM 5: Fill in your organization's legal name and business address. Leave blank "Organization Unit." The contact person should be someone who can be easily reached and who is very familiar with the contents of the proposal. Perhaps the PHA/IHA Executive Director or other authorized representative.

ITEM 6: The applicant's Internal Revenue Service Employer Identification Number (EIN). (If the applicant has to obtain an EIN, leave blank)

ITEM 7: This should be "N". (Indicate "Housing Authority")

ITEM 8: Check the "New" box.

ITEM 9: Enter "U.S. Department of Housing and Urban Development."

ITEM 10: Enter "14-863" and enter "Public and Indian Housing Economic Development and Supportive Services Program" after "Title".

ITEM 11: Enter the name of your program here, as shown in the example in this Section.

ITEM 12: List only governmental entities, such as States, cities, Tribes, towns, townships, counties, etc., not the names of your targeted developments.

ITEM 13: Enter the proposed start and end dates for your plan. The start date must be evident within the first 6 months of the grant term, and the end date must be evident within the last 6 months of the grant term. These dates should also be reflected in the text of your application. Programs funded under the Public and Indian Housing EDSS program must be completed within 36 months years from the date a grant is executed.

ITEM 14: Do not complete.

ITEM 15: Under (a), "Federal," enter the amount of money your are requesting. For (b), (c), (d), (e), and (f), leave blank. For "g," enter the amount you are requesting (total amount on budget).

ITEM 16: Check box (b). Executive Order 12372 does not apply.

ITEM 17: If you enter "yes," you must attach an explanation of why you are delinquent on any Federal debt.

ITEM 18. An authorized officer of the housing authority would sign the form and include a telephone number where he or she can be easily reached.

***FACT SHEET*****PHA Information**

Name of PHA/IHA\_\_\_\_\_

PHA/IHA Code\_\_\_\_\_

HUD Region:\_\_\_\_\_ State:\_\_\_\_\_ Field Office\_\_\_\_\_

Congressional District Number (s)\_\_\_\_\_

Congressional Representatives Names:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact**

Name/Title\_\_\_\_\_

Street Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Telephone No. (     )\_\_\_\_\_

Fax No. (     )\_\_\_\_\_

**Assistance for which the PHA/IHA is applying:**

\_\_\_\_\_ Family Economic Development and Supportive Services

\_\_\_\_\_ Supportive Services for:

The Elderly \_\_\_\_\_

Persons with Disabilities \_\_\_\_\_

**Primary Partner Agency Information\***

Organization Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone No. (     ) \_\_\_\_\_

Fax No. (     ) \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## ***PROGRAM SUMMARY***

**(This narrative will be used for congressional notification and will serve as the official program summary).**

**A.** Please provide a brief summary of the program proposed in the application (100 words or less) including a brief description of key program components.

**B.** Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served.



## **NEEDS ASSESSMENT TO BE PROVIDED BY ALL FY-97 EDSS PROGRAM APPLICANTS**

**E**ach applicant **must** submit a **Needs Assessment Report** dealing with the proposed recipient population that contains, at minimum, sections containing statistical or survey information on the needs of the recipient population and an identification of existing resources that help meet the needs. HUD will award up to **5 points** in the application rating and ranking based on the quality and comprehensiveness of the needs assessment document. See the Notice of Funding Availability (NOFA) for specific guidance on needs assessment quality and comprehensiveness.

All FY-97 EDSS Applicants **must** complete the formats on the following pages to comprehensively and succinctly provide the type of information which HUD is requesting. It is not required that every statistic required under A (see next page) be provided. The data provided in A must be sufficient to permit: a) an assessment of the needs of eligible potential participants related to the program goals, which for Family ED/SS applications must focus on moving residents from welfare to work; and b) development of and documentary support for a Grant Implementation Plan that meets these needs. (Family EDSS applications, the data must be sufficient to ensure that 75% of the residents served by the applicants proposed program will be residents currently on welfare.) Indicate "**NA**" for data requested that is not available or not pertinent to the clientele to be served. **For example**, applicants who know in advance that they intend to serve **TANF/AFDC families only**, may put "**NA**" in the entire column for "**Elderly/Disabled on SSI.**"

ED/SS applicants proposing to assist more than one site may provide information for all sites compositely in a single **Needs Assessment** under the column "**Proposed Developments;**" however, an EDSS applicant who wants to highlight distinctions between sites related to need, may want to provide a separate **Needs Assessment** for each site.

In the space provided at the very top of the **Needs Assessment**, EDSS applicants who are providing separate needs assessments for each site **must** write the name of the development for which the **Needs Assessment** was prepared. EDSS applicants who are providing information compositely for all sites they propose to assist in a single **Needs Assessment**, should write the word "**ALL**" in the space provided.

**NEEDS ASSESSMENT FOR \_\_\_\_\_**  
**DEVELOPMENT(s)**  
**PROPOSED FOR ASSISTANCE UNDER ED/SS or TOP PROGRAM**

**A. DEMOGRAPHIC STATISTICS SHOWING NEED:**

	Proposed Development	TANF/AFDC Families	Elderly/Disabled on SSI
<b>Total Number of Households</b>			
<b>Average Household Income</b>			
<b># of Children     <i>Preschool 0 - 5</i></b>			
<b># of                <i>Grade School 6 - 12</i></b>			
<b># of                <i>Teenagers 13 -17</i></b>			
<b>Number of Children     <i>Total</i></b>			
<b>#/% of Households w/Children</b>	/	/	
<b>#/% over 65 years</b>	/	/	
<b>#/% with Disabilities</b>	/	/	
<b>#/% Adults with High School Diploma/GED</b>	/	/	
<b>High School Dropout Rate/Number</b>			
<b>#/% Heads of Household Unemployed</b>	/	/	
<b>#/% Heads of Household</b>	/	/	
<b>Employed Full-Time</b>			
<b>Employed Part-Time</b>			
<b>TOTAL</b>			
<b>#/% Households on Welfare (TANF, SSI, etc)</b>	/	/	
<b>Number/% Adults in:     <i>Job Training</i></b>	/	/	
<b>   <i>Entrepreneurship Training</i></b>			
<b>   <i>Community Service Program</i></b>			
<b>#/% Households with Non-Citizens Impacted by Welfare Reform</b>	/	/	
<b>Other Statistical Indicators</b>			

Provide source(s) of above statistical information (i.e., Census Tract Data; Housing Authority's Data Systems (based on residents' Forms 50058, HUD's Multifamily Tenant Certification System or other data source.)

**B.** Briefly describe the results of any survey of residents in the target development(s) by the PHA, welfare department, or other source or provide other empirical observations (not reflected in the statistics on the previous page) regarding:

1. Resident professional, vocational and educational skills and interests.
2. Resident training and supportive service needs related to moving from “welfare-to-work” such as counseling, literacy, English language skills, day care, transportation, and accommodation to disabilities.

(Applicants for the Elderly and Disabled Persons Category need not respond to the questions above but should provide a brief discussion of any survey information dealing with their residents' needs. No applicant needs to conduct a survey prior to application submission for the sole purpose of responding to this Needs Assessment format. If no survey information is available, write N/A.)

**C.** Describe: 1) various employment opportunities in the community which address the range of resident educational levels, skills, and other characteristics profiled in items A and B of this needs assessment; 2) any training programs between one week and 18 months long and supportive service (such as transportation) that would be required for public housing residents and are unique to each opportunity; 3) the extent to which each opportunity provides a stable livelihood sufficient to support families with children. (*Applicants for ED/SS funds for independent living for the elderly/persons with disabilities do not need to respond to this question.*)

**D.** Based on the profiles of the resident population and information on job opportunities, name key segments of the resident population needing training, economic development or supportive services for family self-sufficiency or independent living for the elderly/persons with disabilities.

1.       Population:  
          Need:

Actual or Estimated % on TANF/SSI/other type of welfare:  
Source of Data or Justify Estimate:

2.       Population:  
          Need:

Actual or Estimated % on TANF/SSI/other type of welfare:  
Source of Data or Justify Estimate:

3.       Population:  
          Need:

Actual or Estimated % on TANF/SSI/other type of welfare:  
Source of Data or Justify Estimate:

4.       Population:  
          Need:

Actual or Estimated % on TANF/SSI/other type of welfare:  
Source of Data or Justify Estimate:

**E.** Describe how the extent and nature of these needs will be affected by welfare reform. Include in this discussion a brief summary of key provisions your State or Tribal government's welfare reform plan that are applicable to the population you intend to serve. {Use the space below to provide your answer.}

**Describe the numbers and roles of:**

- (1) Residents in the development employed by the Housing Authority;
  - (2) Residents in the development employed by Housing Authority contractors.
  - (3) Resident-owned businesses contracting with the Housing Authority.
- A. Also, indicate the percentage (%) of:
- (1) Housing Authority employees which are residents.
  - (2) Housing Authority contractors which are resident-owned or who employ more than one Housing Authority resident.
  - (3) Housing Authority contract dollars which go to resident-owned businesses or to businesses which employ more than one Housing Authority resident.

**G.** Name existing service providers on-site or near the targeted public housing development(s) that currently serve residents and contribute to meeting needs you have identified for the development. Assess the differential between what is provided and the level of need which you have identified over the next two years.

**1. Service Provider/Resource**

(Check one) On-Site\_\_\_\_ Not On-Site\_\_\_\_

Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider/type of service:

**2. Service Provider/Resource**

(Check one) On-Site\_\_\_\_ Not On-Site\_\_\_\_

Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider/type of service:

**3. Service Provider/Resource**

(Check one) On-Site\_\_\_\_ Not On-Site\_\_\_\_

Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider/type of service:



**4. Service Provider/Resource**

(Check one) On-Site\_\_\_\_ Not On-Site\_\_\_\_

Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider/type of service:

**5. Service Provider/Resource**

(Check one) On-Site\_\_\_\_ Not On-Site\_\_\_\_

Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider/type of service:

**6. Service Provider/Resource**

(Check one) On-Site\_\_\_\_ Not On-Site\_\_\_\_

Eligible Recipients:

Extent to which Identified Needs of Targeted Development(s) are addressed by this Service Provider/type of service:

**H.** Given the needs and resources identified, and the impact of welfare reform, summarize and prioritize unmet needs for family self-sufficiency or independent living for the elderly and disabled. Family EDSS Category applications must focus on households affected by welfare reform.

Need 1

Need 2

Need 3

Need 4

Need 5

### **TAB 3: GRANTS IMPLEMENTATION PLAN**

Applicant should address each item below using a separate page for each section (e.g., Section I, Section II, etc.).

#### **Section I**

**Plan Summary.** Briefly summarize the proposed program, service goals, objectives and activities, and how proposed program would reduce the levels of need identified in the needs assessment. In referencing how the needs identified in the needs assessment would be reduced, the applicant must demonstrate and clearly state at least 75 percent of the residents to be assisted by the proposed program are affected by welfare reform. Program or activity objectives are desired outcomes based on numerical measures of performance in achieving program goals. For family EDSS applications, one EDSS program performance objective must be that the program would result in at least the majority of the participants working by the deadline for termination of TANF assistance set by the state. Examples of other performance objectives are: achieving employment of 100 residents, 10 resident businesses starting, or 150 residents completing GED requirements. Generally, results oriented objectives such as the number of residents employed or resident businesses started are far preferable to the number of residents receiving training or business startup assistance.

#### **Section II**

**Coordination with State or Tribal Welfare Plan.** For Family EDSS applicants only, summarize the state or tribal welfare plan and describe how the proposed program is consistent with that plan. (See NOFA, VI, (4))

#### **Section III**

**Detailed Description of Program Activities, Objectives, Schedule, Budget.** Include a narrative discussion in this section, to comprehensively describe all program activities - whether paid for by ED/SS grant funds, or other sources - and their relationship with each other. The description of each activity must include: objectives, beginning and completion dates, types of services, stafftime, and dollar amounts over the 36 month time period. Activities, timetables and activity milestones should be designed to sequentially and effectively lead towards accomplishment of the overall program objectives described in Section I of the plan. In addition, the applicant must use the charts in TAB 9 of this kit to reflect applicant's narrative information (refer to attached chart samples for guidance in chart completion). Chart III-A provides summary information for each major activity. Chart III-B separates each major activity into specific tasks as appropriate. Chart III-C provides a budget break-out for each activity by major cost categories and funding sources. (NOFA, VI (h) (1) (ii)).

***SPECIAL CONSIDERATIONS FOR FAMILY EDSS PROGRAMS:***

- A) Special Concerns in Designing Activities for Family Economic Development and Supportive Services Programs.

In order to receive maximum selection points in Selection Factor 1, include each of the following types of activities:

- 1) Recruitment of Residents to be served. Describe subgroups in the resident population to be targeted and methods to be used to recruit participants. For family economic development applicants only, include data from the needs assessment that confirms that 75% or more of residents to be served by this program are affected by welfare reform. Applicants which can not so demonstrate will fail threshold 4 in this kit and be ineligible for ED/SS funding.
- 2) Case Management and Counseling. Describe counseling for residents towards personal development (including, if applicable, mentoring, family counseling, substance abuse counseling) and economic self-sufficiency (including, if applicable, career counseling, housing counseling, referrals to economic development activities and child care/transportation referrals).
- 3) Economic Development training - including job training and/or training residents to start and manage their own businesses.
- 4) Job development/placement or resident business startup assistance. Includes, if applicable, employer linkage, job placement, providing startup capital or contracts for resident owned businesses, and/or assisting residents in establishing credit unions. For points in Selection Subfactor 1( ii)(B), the applicant must commit to hire a substantial number of residents or contracting with a reasonable substantial number of resident businessess, consistent with the goals of Section 3. To qualify for these points, the applicant must describe in this section the number of jobs and/or contracts it will provide and include in Tab 7 a letter signed by the Executive Director or a resolution from the HA committing to hire or contract with the specified number of residents. Indicate in this section where this letter can be found.
- 5) Child Care for parents who are working, looking for work or enrolled in a training, education, or other support program.
- 6) Transportation to the extent that work training, supportive services or work placement includes location(s) requiring transportation. Transportation would generally be required to any work or service site located on/outside the development or far away from living units.
- 7) Rent, Income and Occupancy Incentives. Describe the degree to which the applicant has implemented or proposes to implement or collaborates with a public or Indian welfare department to implement incentives designed to promote resident self-sufficiency including but not limited to: ceiling rents, rent exclusions, rent escrows, occupancy preferences for applicants who work or who are in a self-sufficiency program, stipends, or TANF income disregards. High scores for Selection Subfactor (ii) (C) will be received if the applicant demonstrates that the initiative(s) complement other aspects of the implementation plan.

***SPECIAL CONSIDERATIONS FOR ELDERLY OR DISABLED SUPPORTIVE SERVICES PROGRAMS***

- B) An application for elderly and disabled supportive services, for maximum points in Selection Factor 1 (ii)(A) must be located in a community facility and include activities in the following categories:
- 1) service coordination;
  - 2) health and personal care;
  - 3) congregate services, and
  - 4) transportation, to the extent that supportive services are provided in locations requiring transportation.

## SAMPLE Chart III-A: EDSS ACTIVITY PLAN SUMMARY

#	ACTIVITY	START/END DATE	MILESTONES	PARTICIPATING PARTNERS
1.	Outreach, Recruitment and Assessment	11/1/97 - 3/31/99	To recruit 240 TANF families for employment training and placement.	Resident Assn. Ourtown Comm. College
2.	Rehabilitate Community Center- No EDSS funds to be used	11/1/97 - 3/1/98	To render an abandoned building into a functional focus for welfare-to-work.	Housing Authority only- comp grant funds
3.	Job Readiness and Retention Lifeskills Training- counseling, mentoring and referrals to support services.	3/1/98 - 5/31/00	To address pre- and post-employment personal and family growth needs identified by 150 participants.	Family Counseling Services, Ourtown Comm Coll. and Residents Assn.
4.	Literacy Training	3/1/98 - 7/31/99	To provide 120 residents with math and verbal skills needed for successful job or business training.	Ourtown School System, Ourtown Community College
5.	Health Technician Training	5/98 - 11/99 and 8/1/98 to 5/31/00	To train 120 participants for fulltime employment at family sustaining wages.	Ourtown Community College, Ourtown Hospital
6.	Entrepreneurship Training - Housing maintenance and management	5/98 - 11/99 and 8/1/98 to 5/31/00	To train 120 participants for fulltime self-employment at family sustaining wages.	Private Industry Council (PIC), Dept. of Soc Service\TANF
7.	Job Placement/ Business Startup for trainees	11/1/98 - 5/1/00	To move an estimated 200 trainee graduates to full-time jobs or businesses at sustaining incomes.	PIC, Ourtown Hospital
8.	Transportation	3/1/98 - 5/31/00	To provide transportation needed to offsite training and work opportunities	Dept. of Social Services/ TANF, Ourtown Hospital
9.	Child Care	3/1/98 - 5/31/00	To address preschool (0-5 yrs) and before/after school (6- 12 yrs) child care needs of program participants.	Dept. of Social Services/ TANF, Headstart
10.	Computer Center	3/1/98 - 5/31/00	To use part of the community center as a computer center for training and other resident uses	Erol's (internet access), Local Industry Inc (computers, software)

ProgramGoal To enable 200 residents to move from welfare to fulltime employment at sustaining incomes.

**SAMPLE Chart III-B**  
**EDSS ACTIVITY BREAKOUT**  
**for Activity 1. Outreach, Recruitment and Assessment**

#	TASK	START/ END DATE	PARTICIPATING PARTIES/ ROLES
<b>A</b>	Publicity/outreach for Welfare-to-Work Program- Production, door-to-door delivery and posting of brochures and other notices of welfare-to-work program opportunities and of upcoming informational meetings.	2 cycles 11/1/97- 1/1/98 11/1/98- 1/1/99	Housing Authority Only
<b>B</b>	All Resident Meetings- Describe impact of welfare reform on resident lives, opportunities, requirements and schedule for EDSS Welfare-to- Work Program.	1/3/98- 1/10/98  1/3/99- 1/10/99	Housing Authority
<b>C</b>	Followup Interviews, Resident sign-up and Housing Authority development of list of 240 program participants.	1/11/98- 2/1/98  1/11/99 2/1/99	Housing Authority
<b>D</b>	Assessment- Interview and assess participant interests, skills and training needs	2/98- 3/98  2/99- 3/99	Ourtown Community College, Social Work and Management Departments will assist Housing Authority
<b>E</b>	Establish or coordinate with Welfare Department for individual plans for counseling/ mentoring, literacy training, job or business training, placement, day care, transportation, and any appropriate referrals.	3/98  3/99	Ourtown Community College, Social Work and Management Departments will assist Housing Authority.
<b>F</b>			
<b>G</b>			

**Activity Milestone: To recruit 40 TANF families for employment training/placement**

## SAMPLE CHART III-C EDSS BUDGET

#	ACTIVITY	BUDGET ITEM		EDSS GRANT FUNDS	PARTN ER FUNDS	TOTAL FUNDS
1	Rehab Community  Center - No EDSS funds to be used.	EDSS COSTS Housing Authority Personnel				
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority			\$70,000	
			Partners:			
		TOTAL COSTS		\$0	\$70,000	
2	Outreach,  Recruitment and Survey	EDSS COSTS Housing Authority Personnel		\$5,000		
			Housing Authority Admin & Other	5,000		
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority			\$0	
			Partners: Ourtown Comm Coll		\$35,000	
		TOTAL COSTS		\$10,000	\$35,000	
3	Counseling  (Family, Substance Abuse and Youth Mentoring)	EDSS COSTS Housing Authority Personnel		10,000		
			Housing Authority Admin & Other	\$10,000		
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority			\$0	
			Partners: Family Counselng Serv		\$50,000	
			Ourtown State College		\$50,000	
		TOTAL COSTS		\$20,000	\$100,000	



#	ACTIVITY	BUDGET ITEM	EDSS GRANT FUNDS	PARTN ER FUNDS	TOTAL FUNDS
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4	Literacy Training	EDSS COSTS	Housing Authority Personnel	\$10,000	
			Housing Authority Admin & Other	\$10,000	
			Contractor(s)		
			Ourtow Comm Coll Subgrantee	\$160,000	
		NON-EDSS COSTS	Housing Authority	\$0	
			Partner: Ourtown Comm Coll	\$140,000	
		TOTAL COSTS		\$180,000	
5	Entrepeuneurship	EDSS COSTS	Housing Authority Personnel	\$20,000	
			Housing Authority Admin & Other	\$20,000	
			Contractor(s)	\$155,000	
			Subgrantee.		
	Training- Resident Management and Maintenance	NON-EDSS COSTS	Housing Authority	\$0	
			Partner: Dept of Soc Serv/TANF	\$80,000	
			Private Industry Council	\$80,000	
		TOTAL COSTS		\$195,000	
6	Health Technician	EDSS COSTS	Housing Authority Personnel	\$15,000	
			Housing Authority Admin & Other	\$15,000	
			Contractor(s)		
			Ourtow Comm Coll Subgrantee	\$160,000	
	Certificate Training				

#	ACTIVITY	BUDGET ITEM		EDSS GRANT FUNDS	PARTNER FUNDS	TOTAL FUNDS
		NON-EDSS COSTS Housing Authority			\$0	
			Partner: Ourtown Comm Coll		\$160,000	
		TOTAL COSTS		\$190,000	\$160,000	\$350,000
7	Job Placement  (includes employer incentives)	EDSS COSTS Housing Authority Personnel		\$2,000		
			Housing Authority Admin & Other	\$50,000		
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority			\$0	
			Partners: Private Industry Council		\$20,000	
			Ourtown Community Church		\$20,000	
			Partner: Ourtown Comm Coll			
		TOTAL COSTS		\$52,000	\$40,000	\$92,000
8	Transportation	EDSS COSTS Housing Authority Personnel		\$5,000		
			Housing Authority Admin & Other	\$10,000		
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority			\$0	
			Partner: Dept of Soc Serv/TANF		\$30,000	
			University Hospital		\$30,000	
		TOTAL COSTS		\$15,000	\$60,000	\$75,000

#	ACTIVITY	BUDGET ITEM		EDSS GRANT FUNDS	PARTN ER FUNDS	TOTAL FUNDS
9	Child Care	EDSS COSTS      Housing Authority Personnel		\$5,000		
			Housing Authority Admin & Other	\$10,000		
			Contractor(s)	\$140,000		
			Subgrantee.			
		NON-EDSS COSTS      Housing Authority			\$0	
			Partner: Dept of Soc Serv/TANF		\$60,000	
		TOTAL COSTS		\$155,000	\$60,000	\$215,000
10	Computer Center	EDSS COSTS      Housing Authority Personnel		\$20,000		
			Housing Authority Admin & Other	\$15,000		
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS      Housing Authority			\$0	
			Partner: Local Industries		\$40,000	
		TOTAL COSTS		\$35,000	\$40,000	\$75,000
11	Closeout, Audit and  Evaluation	EDSS COSTS      Housing Authority Personnel		\$3,000		
			Housing Authority Admin & Other	\$5,000		
			Contractor(s)	\$5,000		
			Contract #2			
			Ourtown State Univ. Subgrantee	\$20,000		
		NON-EDSS COSTS      Housing Authority			\$0	
			Partner: Ourtown State Univ.		\$20,000	
		TOTAL COSTS		\$33,000	\$20,000	\$53,000

#	ACTIVITY	BUDGET ITEM	EDSS GRANT FUNDS	PARTNER FUNDS	TOTAL FUNDS
<b>TOTAL</b>					
		BUDGET ITEM	EDSS GRANT COST	NON EDSS COST	TOTAL COST
	EDSS COSTS	Housing Authority Personnel	\$95,000		
		Housing Authority Admin & Other	150,000		
		Contractors	\$300,000		
		Subrecipient	\$340,000		
	NON-EDSS COSTS	Housing Authority		\$70,000	
		Partners		\$815,000	
	TOTAL COSTS		\$885,000	\$885,000	\$1,770,000

## Section IV

**Partnerships:** Provide documentation of the applicant's partners, including residents of the affected development and their representative Resident Associations (RA) as follows: (NOFA, H, 2, (v)(3))

a) Provide a narrative in this Section IV which includes information and is organized as follows:

- 1) Describe the division of responsibilities between the applicant and its partners and how the applicant will coordinate with its partners to ensure program success and fulfillment of all partner commitments (consistent with the more detailed description of the EDSS program management structure in Section V(b) of the implementation plan);
- 2) Describe the extent to which the partnership as a whole addresses a broader range of resident needs: the extent to which the addition of the partners provide the ability to meet needs more cost effectively or efficiently than the applicant or its partners could achieve individually without forming the partnership.
- 3) If any of the EDSS activities will be located in or serving the population of a federally designated Empowerment Zone or Enterprise Community, describe the extent to which its program has been coordinated with the Empowerment Zone or Enterprise Community strategic plan. If none of the EDSS activities will be located in an Empowerment Zone or Enterprise Community state : "NA".
- 4) Detailed narrative information on each partner and their contribution(s) including:
  - (i) the roles and responsibilities of the partner relative to the proposed EDSS program. (Partners which the lead applicant has determined will administer EDSS funds should be designated "subgrantee.")
  - (ii) the amount and type of resources and services that the partner firmly commits to contribute to the grant program, including in-kind contributions of personnel, space and equipment. In order to meet Threshold 6 of this kit, the amount of non-EDSS resources committed by all partners must at least equal the EDSS amount requested. In valuing volunteer time or services and donated items, use the following guidelines:
    - (A) The value of volunteer time and services shall be computed at a rate of five dollars per hour except that the value of volunteer time and service involving professional and other special skills shall be computed on the basis of the usual and customary hourly rate paid for the service in the community where the ED/SS activity is located.
    - (B) The value of any donated material equipment, building or lease shall be computed based on the fair market value at time of donation. Such value shall be documented by bills of sales, advertised prices, appraisals, or other information for comparable property similarly

situated. The documentation shall be not more than one year old and taken from the community where the item or ED/SS activity is located.

(iii) The Exhibit number in Tab 7 for the partner's firm commitment to assume the responsibilities/ provide the resources described here.

(iv) A description of the partner's expertise related to its role in the proposed program activities and, the appropriateness of such expertise in fulfilling its role,

b) Complete Chart IV, in TAB 9 of this kit to describe program resources. Information in the chart must match the narrative.

c) Provide a signed document in Tab 7 evidencing each partner's firm commitment to fulfill its partnership responsibilities in the form of Memorandum of Understanding/Memorandum of Agreements (MOU/MOAs), use agreement or other legally enforceable document, as appropriate, which matches the information in the narrative and chart in this Tab 3 Section IV. For maximum points in Selection Factor VI, documentation of the partnership with project residents and of other key partnerships shall be in the form of a MOU/MOA signed by the lead applicant and the partner that clearly delineates the roles and responsibilities of each partner and the benefits they receive.

**The following information must be included in all documents of firm commitment:**

- 1) The role and responsibilities of the partner relative to the proposed EDSS program.
- 2) The amount and type of resources and services that the partner firmly commits to contribute to the grant program.
- 3) How the partner will coordinate with the applicant and other services/resources to be provided under the program.
- 4) An unequivocal statement that the roles, responsibilities, and resources to be assumed or provided are firmly committed without any contingency other than HUD's funding the EDSS application.
- 5) Length of time that resources would be committed.
- 6) For MOU/MOAs, the conditions upon which the agreement may be terminated by either party or amended.
- 7) A signature, dated on or after June 1997, of an authorized representative of the partner and, in the case of an MOU/MOA, of the EDSS applicant.

## Section V

**Staffing and Program Administration** Provide a description on staffing and program administration (NOFA, H, 2,i,ii). Information should detail:

a. Program Staffing. Include a narrative description of the applicant's and contract administrator's proposed staffing (paid or volunteer) in support of the program and proposed coordination among service providers; a completed Chart V, which can be found in TAB 9 of this kit; an organization chart; staff position descriptions, and resumes as available. Collectively, these items should identify the following:

- 1) An explanation of how the staffing plan is structured to accomplish the program objectives;
- 2) A staff person(s) who will have primary responsibility for effective overall coordination of the program on a day to day basis and what percentage of such person's time will be committed to this responsibility;
- 3) Names of responsible HA staff and contract administrator staff persons, position descriptions, proposed roles in implementing the EDSS program, relevant skills, and percentage of time allocated to the program;
- 4) For a high score in Selection Factor (2)(i), a comprehensive break-out of who, whether applicant, contract administrator, contractor, HA or other designated partner staff, will provide training and related services and how the services will be delivered.

b. Program Administration. Describe the proposed management structure of the proposed EDSS program. In order to receive a high score in Selection Factors (2)(ii) and 2(iii), an applicant must provide a clear description of the:

- 1) Project management structure, including the use of a contract administrator if applicable (applicants designated as "troubled" Housing Agencies by HUD MUST appoint/contract with a contract administrator). Describe how co-applicants, subgrantees and other partner agencies relate to the program administrator as well as the lines of authority and accountability among all components of the proposed program.
- 2) Fiscal management structure, including but not limited to budgeting, fiscal controls and accounting. Clearly explain the staff responsible for fiscal management, and the processes and timetable for implementation during the proposed grant period.

## Section VI

**Activity Location/Community Facilities.** Provide a description of the location where training and other activities will be held. Describe where the facility is located in relation to the development(s) to be served, the days and hours of operation, how transportation needs to the facility will be addressed, and how the facility will be accessible to persons with disabilities. Also describe whether the facility to be used is currently in operation, if not, which steps will be taken in order to adequately operate. A preponderance of program activities must be administered at community facilities in accordance with the following criteria:

- a) The facilities must be located in or within easy accessibility of the property represented by the HA and must house the grant activity within nine months of the grant award.
- b) If units need to be converted from dwelling use into a community facility or the facility is to be constructed, describe in this section your plan for the conversion or construction that provides adequate resourcing and a time schedule.
- c) If the proposed community facility is to be provided by an entity other than the applicant the application must include some form of use agreement with the owner or operator of the site for a duration of not less than two years. List the item number for the use agreement in Tab 7 of the application.
- d) Describe in this section how other services will be offered at the facility (for example, education, employment readiness, child care and other appropriate social services) to support the resident efforts.
- e) For program participants living in dispersed rural housing, provide evidence of transportation access to the community facilities.

## Section VII

**Program Evaluation Plan.** Provide your plan to evaluate the success of the proposed ED/SS program both during program implementation and at program completion. Describe: who will perform the evaluation (applicant staff, partner, or contractor to be procured at a later date); applicant staff to be assigned to work with the evaluator; performance measures to be used (should be identical to performance measures used in establishing program objectives - see Section III above); and what methodology the evaluation will use to determine how and why the program did or did not succeed in achieving its goals and objectives. Methodologies for analyzing program performance includes, but are not limited to: comparing reported results to goals and objectives, case studies, observation, surveys and interviews. For maximum points in Selection Factor 2 (iv) indicate how the program will use the ongoing evaluation to identify any needed mid-course corrections to the Implementation Plan. (NOFA, H, (2) iv)



## Section VIII

**Program Continuation after Grant Completion.** Provide a description of how the applicant anticipates that the proposed program will continue after funds are expended, steps taken to date by the applicant or its partners to assure continued funding after grant funds are expended, and steps that the applicant or its partners commit to taking during the grant period to achieve such continued funding.

## Section IX

**EDSS/TOP Coordination** (For Family Economic Development and Supportive Service applications only). Name any Resident Association or Intermediary Resident Organization that has received Tenant Opportunity Program (TOP) funds or is submitting an application in the FY 97 TOP funding round for any of the developments to be assisted with EDSS funds. For each such award or current application, indicate the development served or to be served, month and year of the grant selection (indicate "FY97" for applications now being submitted), the amount received or applied for, and for funded TOP grants which have not yet been closed out, the amount of grant funds which remain to be expended. State how the proposed EDSS funding and the remaining unexpended or proposed TOP funding will be coordinated and, if applicable, how the EDSS implementation plan will build on TOP program accomplishments from any TOP funds expended to date. For maximum points in Selection Factor 3 (A), include in TAB 7 an MOU/MOA which describes collaboration between the HA staff and the residents related to implementation of EDSS and TOP activities. To ensure that you will receive these points, please confirm, in this Section IX of your Implementation Plan, that the MOU/MOA between residents and the HA does include language describing the two parties' collaboration on both TOP and EDSS. (For previously awarded TOP funds to be expended during the proposed EDSS grant term only, you may also include TOP funded activities in the EDSS implementation plan and all related charts) (NOFA H, (2)(v)3(A))

**BUDGET APPROPRIATENESS/EFFICIENT USE OF GRANT**

HUD will award up to 5 points based on the extent to which the proposed program will result in the lowest total cost per dwelling unit in comparison to other applications. Only units under the Annual Contribution Contract (ACC) can be counted. (NOFA, H, (1) iii)

EDSS GRANT AMOUNT / # OF DWELLING UNITS = COST PER DWELLING  
REQUESTED TO BE SERVED BY PROGRAM UNIT

\_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_

HUD funds will be used to provide (please check one):

Family Economic Development and Supportive Services \_\_\_\_\_

Supportive Services for:

The Elderly \_\_\_\_\_

Persons with Disabilities \_\_\_\_\_

## **APPLICANT/ADMINISTRATOR TRACK RECORD**

This tab includes information related to the applicant's and contract administrator's past performance. To permit HUD to identify the application's eligibility under Threshold 7 (Program Compliance) and Threshold 9 (audit findings and Equal Opportunity compliance), complete and sign the attached Tab 5 certification.

To permit HUD to score your application with respect to the Selection Factor (2)(v), Applicant/Administrator Track Record, complete the chart in TAB 9 of this kit (refer to attached Tab 5 chart sample) for the applicant's or contract administrator's prior performance in carrying out grant programs designed to assist residents in increasing their self-sufficiency, security, or independence. (Programs in this category include, but are not limited to: the Family Investment Center Program; the Youth Apprenticeship Program; the Apprenticeship demonstration in the Construction Trades Program, the Urban Youth Corps Program, the HOPE I Program; the Public Housing Service Coordinator Program, the Public Housing Drug Elimination Program, the Youth Sports Program, and the Tenant Opportunities Program.)

Both the certification and the chart should be included in your application behind the Tab 5 cover sheet. (NOFA H, (2) (v))

## **APPLICANT/ADMINISTRATOR TRACK RECORD CERTIFICATION**

I certify that my responses to the following three questions are correct:

1. Is there any current HUD declaration of default against the applicant for failure to meet any contractual obligation? YES or NO (please circle one). (Explain any "YES" response)
  
2. Are there any unresolved HUD Office of Inspector General Findings against the applicant? YES or NO (please circle one). (Explain any "YES" response)
  
3. Are there any unresolved HUD Fair Housing and Equal Opportunity monitoring review findings or HUD State/Area Office management review findings against the applicant? YES or NO (please circle one). (Explain any "YES" response)

.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 1997

by: \_\_\_\_\_  
PHA/IHA ED or Other Authorized Representative

**TAB 5 CHART - APPLICANT/ADMINISTRATOR TRACK RECORD  
FOR Ourtown Housing Authority (Applicant)**

[illegible]

## **CERTIFICATIONS AND ASSURANCES**

### **AUTOMATED CAPABILITY**

As an authorized representative of the applicant I certify that the program will include access to on-line computer/Internet capability as a means for the applicant to communicate with HUD on grant matters. I certify that if such access/capability does not exist at this time, that it will be operational within three months of HUD's transmittal of a Grant Agreement to the applicant organization, if the application is selected. (NOFA, VI (g) (9))

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 1997

by: \_\_\_\_\_

*PHA/IHA Executive Director or Other Authorized Representative*

## ***PHMAP SCORE***

**Applicant:** A PHA applicant cannot have a PHMAP score less than a "C" for either Indicator #6, component (1), Financial Management/Cash Reserves or Indicator #7, Resident Services and Community Building on its most recent PHMAP. If an applicant's most recent PHMAP score is derived from the predecessor PHMAP regulation (24 CFR Part 901, published December 30, 1996), the applicant cannot have a PHMAP score of less than a "C" for either Indicator #9, Operating Reserves or Indicator #11, Resident Initiatives. An IHA applicant should refer to 950.135. Please provide PHA applicant's score for:

1. Financial Fiscal Management/Cash Reserves
2. Resident Services and Community Building

If predecessor PHMAP regulation applies, please provide applicant's score for:

1. Operating Reserves
2. Resident Initiatives

As an authorized representative of the applicant, I certify that the applicant does not have a PHMAP score less than a "C" for any of the above categories. (NOFA, vi, (g)(11))

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 1997

by: \_\_\_\_\_

*PHA/IHA Executive Director or Other Authorized Representative*

## **MEMORANDUM OF UNDERSTANDING AND OTHER COMMITMENT DOCUMENTS**

This Tab should include all MOU/MOAs and other documents evidencing firm commitments to provide resources or assume responsibilities which the applicant has obtained in response to HUD requirements for application threshold eligibility or rating and ranking points under various selection factors. Examples of documents to be included are the MOU/MOAs between the Housing Authority(s) and the Resident Association, resource commitment letters from other partners, and any use agreements required for community facilities where grant activities will occur. Applicants proposing to develop a credit union, provide written commitments from banks in this section

This Tab should also include the cover page (the page previous to this one), a table of contents which lists each document by sequential Exhibit Numbers, and then the documents themselves, ordered and labeled by Exhibit Number.



## **THRESHOLD CHECKLIST**

Each applicant **MUST** address the following threshold requirements in order for the application to be complete and acceptable for rating and ranking. Verify that information is included in the application kit by using a check mark in the space provided for the applicant. Please note that HUD will also verify that information is included appropriately. (See NOFA, Part Two, Section G, Program Requirements)

### **THRESHOLD REQUIREMENT**

### **APPLICANT    HUD USE USE ONLY      ONLY**

Each application must:

- |   |       |       |
|---|-------|-------|
| 1. Submit a Needs Assessment Report (TAB 2)   | _____ | _____ |
| 2. Submit a Grant Implementation Plan (TAB 3)   | _____ | _____ |
| 3. For Family Economic Development and<br>Supportive Service applications, evidence that the<br>proposed grant implementation plan is consistent<br>with the State Welfare Plan. (TAB 3, Sec. II) | _____ | _____ |
| 4. Focus on Residents Affected by Welfare Reform<br>(TAB 2, TAB 3, Sec. II)   | _____ | _____ |
| 5. Evidence an accessible Community<br>Facility (TAB 3, Sec. VI)  | _____ | _____ |
| 6. Leverage other resources (TAB 3, Sec. IV, TAB 7)   | _____ | _____ |
| 7. Comply with Current Programs (TAB 5)   | _____ | _____ |
| 8. Evidence Automated Capability (TAB 6) (Certification)  | _____ | _____ |
| 9. Address Audit Findings and Equal Opportunity<br>Requirements (TAB 5) (Certification)   | _____ | _____ |
| 10. Meet PHMAP Score Requirement (TAB 6)<br>(Requirement for PHAs only. IHAs refer to 950.135)  | _____ | _____ |

## SELECTION FACTORS CHECK LIST

**Each applicant will be rated and scored on the following three ranking factors.  
Please follow the same instructions for verifying information as Threshold Checklist.**

### SELECTION FACTORS

**APPLICANT HUD USE  
USE ONLY ONLY  
(PAGE #)**

- |   |       |       |
|---|-------|-------|
| <p>1. Quality of Planning for Self-sufficiency and Independence<br/>(for Family Economic Development and Supportive Services<br/>category applications) and Independence for elderly and persons<br/>with disabilities (for Elderly and Disabled Supportive Category<br/>applications). (TAB 2, TAB 3, Sec. III, TAB 4)</p> | _____ | _____ |
| <p>2. Applicant Capability/Organizational Structure for Administering<br/>Grant Activities. (TAB 3, Sec. V, Sec. VI, Sec VII, TAB 5)</p>  | _____ | _____ |
| <p>3. Resident and Other Partnerships (TAB 3, Sec. IV, Sec. IX, TAB 7)</p>  | _____ | _____ |
| <p>4 Bonus Points: Selection as a Job Plus Demonstration Site<br/>(To be identified by HUD)</p>   | _____ | _____ |

**TAB 9**

**BLANK FORMS FOR APPLICANT COMPLETION AND  
INSERTION INTO TABS 3 AND 5**

*(Do not include this page or this tab in your application)*

(Tab 3 Chart III-A:)

**EDSS ACTIVITY PLAN SUMMARY**

#	ACTIVITY	START/END DATE	MILESTONES	PARTICIPATING PARTNERS
1.				
2.				
3.				
4.				
5				
6.				
7.				
8.				
9.				
10.				

Program Goal \_\_\_\_\_

Tab 3 Chart III-B

**EDSS ACTIVITY BREAKOUT**  
**for Activity** \_\_\_\_\_

#	TASK	START/ END DATE	PARTICIPATING PARTNER
A			
B			
C			
D			
E			
F			
G			

Activity Milestone \_\_\_\_\_

TAB 3 CHART III-C EDSS BUDGET

#	ACTIVITY	BUDGET ITEM		EDSS GRANT FUNDS	PARTNER FUNDS	TOTAL FUNDS
1		EDSS COSTS		Housing Authority Personnel		
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS		Housing Authority		
			Partners:			
		TOTAL COSTS				
2		EDSS COSTS		Housing Authority Personnel		
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS		Housing Authority		
			Partners:			
		TOTAL COSTS				
3		EDSS COSTS		Housing Authority Personnel		
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS		Housing Authority		
			Partners:			
		TOTAL COSTS				

#	ACTIVITY	BUDGET ITEM	EDSS GRANT FUNDS	PARTNER FUNDS	TOTAL FUNDS	
4		EDSS COSTS Housing Authority Personnel				
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority				
			Partners:			
		TOTAL COSTS				
5		EDSS COSTS Housing Authority Personnel				
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority				
			Partners:			
		TOTAL COSTS				
6		EDSS COSTS Housing Authority Personnel				
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority				
			Partners:			
		TOTAL COSTS				

#	ACTIVITY	BUDGET ITEM	EDSS GRANT	PARTNER FUNDS	TOTAL FUNDS	
7		EDSS COSTS Housing Authority Personnel				
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority				
			Partners:			
		TOTAL COSTS				
8		EDSS COSTS Housing Authority Personnel				
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority				
			Partners:			
		TOTAL COSTS				
9		EDSS COSTS Housing Authority Personnel				
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority				
			Partners:			
		TOTAL COSTS				



#	ACTIVITY	BUDGET ITEM	EDSS GRANT FUNDS	PARTNER FUNDS	TOTAL FUNDS	
10		EDSS COSTS Housing Authority Personnel				
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority				
			Partners:			
		TOTAL COSTS				
11		EDSS COSTS Housing Authority Personnel				
			Housing Authority Admin & Other			
			Contractor(s)			
			Subgrantee.			
		NON-EDSS COSTS Housing Authority				
			Partners:			
		TOTAL COSTS				
<b>TOTAL EDSS BUDGET</b>						
		BUDGET ITEM	EDSS GRANT COST	NON EDSS COST	TOTAL COST	
		EDSS COSTS Housing Authority Personnel				
			Housing Authority Admin & Other			
			Contractor(s)			
			Subrecipient(s)			
		NON-EDSS COSTS Housing Authority				
			Partners			

	<b>TOTAL COSTS</b>	
--	--------------------	--

### Program Resources (Tab 3 Chart IV)

Name of Provider/Partner	Activity	Type of Resource	Dollar Value/ of Resource	Page No. of MOU/MOA	HUD Use Only
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
<b>Total of Provider/Partner Contributions</b>			\$		

**Requested ED/SS Grant Funds:**

\$\_\_\_\_\_

**Total Program Resources:**

\$\_\_\_\_\_



## PROGRAM STAFFING

### I. APPLICANT/CONTRACT ADMINISTRATOR

Name of Staff *	Organization and Position	Role in Grant Program	% Time on Grant	Cost to Grant (if applicable)

### II. CONTRACTOR ROLE

TYPE OF CONTRACTOR TO BE SOLICITED	ROLE IN GRANT PROGRAM	ESTIMATED COST TO GRANT PROGRAM

\*

Attach resumes which, for volunteers, may include relevant training to be provided with Grant Funds.

**TAB 5 CHART - APPLICANT/ADMINISTRATOR  
TRACK RECORD**

[illegible]